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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

10 APR 15 PH 12: 20

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LA OR TYPE OR PRINT		mple:If typing, t r the lines	ype	ومانده المحدد المحدد المحدد المحدد المحددات الم	
C	ONRAD REYNOLDS FO	R US SENATE	<u> </u>	1111			
با			1 1 1 1 1	1 1 1 1 1	1111	1111	<u>, , , , , , , , , , , , , , , , , , , </u>
A₽	DRESS (number and street)	PO BOX 10333					
1	Check if different		1 1 1 1 1 1				
<u>.</u>	than previously reported. (ACC)	CONWAY		1 1 1		AR L	72034
2.	FEC IDENTIFICATION NUI	MBER ♥	CITY A		S	TATE A	ZIP CODE ▲ STATE ▼ DISTRICT
	C00466185	3.	IS THIS REPORT	NEW (N)	OR ,	AMEND (A)	PED AR 00
4.	TYPE OF REPORT (0	Choose One) (b)	12-Day PRE	-Election Repor	t for the:		
	April 15 Quarterly	Report (Q1)		Primary (12P) Convention (1	سدا بدید	General (1	t de
	July 15 Quarterly	Report (Q2)				andressed samplessed &	s street - quantum
	October 15 Quarte	erly Report (Q3)	Election on			er Personalisasses entrescasses.	in the State of
	X January 31 Year-	End Report (YE) (c)	(c) 30-Day POST-Election Report for the:				
				General (30G) []	Runoff (30	DR) Special (30S)
	Termination Repo	rt (TER)	Election on				in the State of
5. Covering Period 10 01 2009 through 12 31 2009							
Type or Print Name of Treasurer Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Heasurer Thomas F. Maxwell							
Тур	e or Print Name of Treasure	<u> </u>	usurer	' INDIA	<u>65 f.</u>	Maxing	2.11_112
Signature of Treasurer None f. Mf Date 11 [15] [2010]							
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.							
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